

# THE MEDICAL NEWS AND LIBRARY.



VOL. XXIX.

JANUARY, 1871.

No. 337.

## CONTENTS.

<b>CLINICS.</b>		College of Physicians and Surgeons of New York . . . . .	9
<b>CLINICAL LECTURES.</b>		Virginia State Medical Society . . . . .	9
Clinical Lecture on Ganglions . . . . .	1	<i>Foreign Intelligence.</i> —The After-Treatment of Cataract . . . . .	9
Clinical Lecture on Abdominal Neuralgia . . . . .	2	New Operation for Erectile Tumours . . . . .	11
<b>HOSPITAL NOTES AND CLEANINGS.</b>		Hypodermic Treatment of Syphilis . . . . .	11
Cases in St. Bartholomew's Hospital, with Clinical Remarks . . . . .	6	Radical Cure of Hydrocele by the Seton . . . . .	12
Supposed Case of Acute Tuberculosis in Guy's Hospital, with Clinical Remarks . . . . .	7	Simulation of Hip-Joint Disease by Suppuration of the Bursa over the Trochanter Major . . . . .	13
<b>MEDICAL NEWS.</b>		Cancer of the Pancreas, simulating Hepatic Abscess . . . . .	13
<i>Domestic Intelligence.</i> —To Subscribers . . . . .	7	Temperature in Hæmatemesis . . . . .	13
Antiphlogistic Value of Ergot . . . . .	8	Cardiac Murmurs in Chorea . . . . .	14
Large Doses of Chloral . . . . .	8	Oil of Peppermint as a Local Anæsthetic . . . . .	14
Enlarged Spleen . . . . .	8	Koumies . . . . .	14
Death from Chloroform . . . . .	9	Death from Chloroform . . . . .	15
Death from the Inhalation of Ether . . . . .	9	Smallpox . . . . .	15
Surgeon General's Report . . . . .	9	Deaths from Snake-bites . . . . .	15
College of Physicians of Philadelphia . . . . .	9	Professor Skoda . . . . .	15
		Mixed Medical Classes . . . . .	15
<b>GUERSANT ON SURGICAL DISEASES OF INFANTS, Etc.,</b>			16 PAGES.

## CLINICS.

### CLINICAL LECTURES.

*Clinical Lecture on Ganglions.* By FREDERIC C. SKEY, F.R.S., &c.—These small swellings, composed of a toughish cyst, are formed on one or other of the numerous tendons of the wrist. They rarely increase to a considerable size, and are not often seen larger than a child's marble. Their cause must be referred to undue and excessive action of the tendon, or rather of the extensor muscle leading to the tendon on which it is placed. Why they occur on that particular tendon I do not know. My reason for so thinking is because I have treated many cases in the persons of violin players, in whom the malady has been confined to the left hand, the right or bow hand being free; and it is not uncommon in pianists who devote

many hours of the day to the practice of their profession. But they are not confined exclusively to this class of persons. Although free from pain, they are unsightly, and are always attended with some weakness of the hand, probably of the extensor muscles only. They are usually treated by rupturing the sac, and allowing its contents to invade the surrounding tissue. The instrument of violence commonly employed, and which has been, doubtless, handed down and adopted for many generations, is a thick bound book: The force of the blow is necessarily great, and the rupture of the sac does not invariably follow. This entails the necessity of a second blow. It is not certain that the force may be applied in the exact direction. To say nothing of the pain and the shock to a delicate girl, this treatment is by no means attended with

Published monthly by HENRY C. LEA, No. 706 & 708 Sansom Street, Philadelphia, for One Dollar a year; also, furnished GRATUITOUSLY to all subscribers of the "American Journal of the Medical Sciences," who remit the Annual Subscription, Five Dollars, in advance, in which case both periodicals are sent by mail free of postage.

In no case is this periodical sent unless the subscription is paid in advance.

VOL. XXIX.—1

invariable success; for I have known the fragments of the sac restored to their original places, and the disease remain in *statu quo*. I advise you to adopt in great preference to this coarse and old-fashioned treatment the following, which rarely fails to obtain an early, if not an immediate, cure. Its object is to evacuate the entire contents of the cyst, and to bring its opposite surfaces into perfect apposition with each other. It is a small operation; but on the delicacy of its performance its success materially depends. Bending the hand forwards, in order to tighten the skin over the cyst, pass vertically into the centre of the tumour a broad-shouldered lancet. By a lateral movement of the instrument the orifice will be dilated, and the contents will freely escape. Now it is indispensable to the obliteration of the cyst that the whole of its contents should be evacuated—every drop and every fraction of a drop, to effect which the sac must be compressed and kneaded in every direction. Then apply a well-made thick compress of lint, and strap it down tightly with good plaster, and, lastly, a roller may be applied. In forty-eight hours the wound has healed, and the ganglion is seen no more.

In cases (and I suppose I have operated on a hundred) in which the operation I described failed to cure the disease, the ganglion, as it will do when of long standing, had burrowed under the tendon. In one of these I attempted to dissect it out; but, in so doing, I denuded the tendon of its natural investment, and the result was permanent union between the tendon and integument. I never recall the circumstances of this case, and it occurred upwards of twenty years ago, without painful regret. The larger examples of a similar affection to the above—in which the synovial sac, probably the anterior one, which extends beneath the anterior carpal ligament into the palm of the hand, is the seat, and from which abundance of small melon-pip like bodies are obtained—may be treated on the same principle. But the subsequent pressure must be great.—*Lancet*, Aug. 27, 1870.

*Clinical Lecture on Abdominal Neuralgia.*

By HANDFIELD JONES, M.D., Physician to St. Mary's Hospital.

This series of cases is interesting as illustrating the diagnosis and treatment of a disease that is not always easy to distinguish from other affections in which pain is referred to the abdomen, especially peritonitis, lead colic, and hysteria. The points on which Dr. Jones chiefly insists appear to be—1. That the region of the abdomen, probably its peritoneal lining, is liable to suffer from neuralgia and hyperæsthesia, such as prevail in other situations more notoriously prone to this malady. 2. That such neuralgic affections may very closely simulate peritonitis. 3. That they may be attended with high temperature. 4. That they may possibly pass into peritonitis. 5. That, in their treatment, opium (preferably in the form of enema), tonics and restoratives prove to be successful remedies.

The first case is that of M. W—, aged forty, a married woman, who was admitted on the 9th September. She stated that three days previously she had been seized with pain in the lower part of the abdomen and the hips, so violent as to draw her double; since the day before admission it had been gradually subsiding, but with occasional aggravations. Whilst the pain was at its worst the abdomen had been so exquisitely tender that she could scarcely draw her breath, and whilst sitting up she had felt sick. On admission she flinched violently when the left side of the abdomen was touched, and she felt pain on coughing or drawing a deep breath; when she turned on to the right side she experienced a feeling of dragging in the left; the tongue was thickly coated with white fur; the pulse was 78, and not very weak; the temperature 99.3°; there was no blue line on the gums. The right side of the abdomen was resonant, the left dull, and these sounds were not altered when she moved on to her right side. She had no appetite, but was very thirsty; the bowels were habitually confined; the urine was very red, and passed with pain; there was also pain on passing her motions; the catamenia had not appeared for six

weeks, but she had a profuse leucorrhœal discharge. There was no history of lead poisoning. She said that she lived over some stables, and had experienced a similar pain several times during the past three or four years; she felt very weak, and the least thing threw her into a "fainting perspiration." She had not been able to sleep during the previous night because dreadful sights appeared directly she closed her eyes—"blood and all that sort of thing, mice running about," &c. The bowels were first relieved by an aperient, and then an enema containing twenty drops of laudanum was administered, and followed by a great abatement of the abdominal tenderness. The treatment was then made to consist of one-twentieth of a grain of strychnia, one minim of nitric acid, and ten of chloric ether, in an ounce of water, four times a day; with simple diet, a pint of milk, and four ounces of sherry. On the second day her sleep had been disturbed in the same manner as before; the abdomen was quite soft and only slightly tender. On the third morning the sleep had been sound and uninterrupted; the bowels were relieved by an enema, and the diet was changed to chop, pudding, and porter, the medicine to twenty grains of the saccharated carbonate of iron, three times a day. On the seventh she was still improving, but, on getting up, the pain and feeling of faintness returned slightly. In a few days more she was discharged.

The second case was that of A. N—, aged twenty-six, a married woman with three children. She was admitted on Sept. 10th, and gave the following account of herself: She was in charge of a house which had just been painted, and smelt strongly of paint and varnish, when, three weeks before admission, she was attacked with severe headache, which, two days later, was replaced by an abdominal pain which she described as having been frightful in severity, and since its onset she had been unable to lie on either side, or to obtain sleep at night. She had been feverish and without appetite. No other inmate of the house had been out of health. She looked thin and anæmic,

had a copious leucorrhœal discharge, and was suffering such intense pain that six leeches were immediately applied to the abdomen, and followed by poultices. On the 13th Dr. Jones found her very weak, complaining of great pain on the left side of the abdomen, but lying with the legs extended; the left flank of the abdomen was dull on percussion: the other regions were resonant. The pulse was 102, not very weak; the temperature 102.5°; the tongue moist. There was no flush on the cheeks nor eruption on the abdomen. The bowels had not been open for two days: the appetite was good; the breasts did not secrete much milk. She was ordered an enema of castor oil, to be followed, after the action of the bowels, by a simple enema containing twenty drops of the tincture of opium; also a draught of four grains of carbonate of ammonia and one drachm of tincture of bark, in an ounce of decoction of bark, three times a day, with a generous spoon diet. On the fourth morning she awoke in great pain from a sleep which had lasted from early in the previous evening. The pulse was 105; the temperature 103.4°. The abdomen was fomented, and another opiate enema administered, and she was ordered twenty grains of the saccharated carbonate of iron thrice daily, in addition to the draught. On the seventh day the pulse was 88, the temperature 99.7°, and pain of a much less severe character recurred from time to time. The diet was changed to one of meat and porter. On the eleventh day the temperature was 100°, and, in consequence of copious night-sweats, the ammonia-and-bark draught was abandoned for one containing four grains of quinia. Subsequently a chloride-of-zinc injection was made use of to check the leucorrhœa. Twenty-eight days after admission she only complained of an occasional return of pain towards evening. No blue line was observed at any time on the gums.

The third case was also a woman, thirty-three years of age, and single. She stated that she had been indisposed for a fortnight, and had kept her bed for a week. The first symptom had been pain at the upper part of the abdomen, all

round it, and in the back, great pain also followed on taking food, and was relieved by vomiting. At the time of admission the pain seemed to be violent; she was found to be bending herself down and moaning; the tongue was moist, and tolerably clean; the pulse 80; the temperature 97.5° F. The abdomen moved a little in respiration, but the muscles were at times very hard and tense; there was no eruption. She had no appetite, but was very thirsty. On inquiring into her history, it was elicited that seven years before she had lived in a house whilst it was being painted, and that she suffered at the time some nausea; also, that two years before admission she had suffered, for a short time, a somewhat similar kind of pain. The teeth were found to be so incrustated and soiled with tartar that it was difficult to determine whether or not a blue line was present. She also complained that for a year she had had pain about the rectum, accompanied by a frequent desire to defecate; but she had never experienced any pain during the passage of her motions. The uterus was found to be reclined, the fundus lying near, if not upon, the rectum. She was first ordered a grain of opium every four hours, ice to swallow, poultices to the abdomen, and subcutaneous injection of ten minims of solution of opium; but neither these remedies, nor an opiate enema which had been administered, were found on the following day to have afforded relief. She was found to be twisting and writhing in bed, although the abdomen bore pressure fairly well. The pulse was 72, and not weak; the urine clear and of high colour. She was then ordered a drachm of tincture of valerian and four grains of carbonate of ammonia in an ounce of infusion of valerian, thrice daily; but she obtained no sleep during the following night, severe pain being excited every time she moved; and, in the morning, the abdominal walls were found to be hard and retracted. The temperature was 98.9° F. An opiate enema was followed by relief, and a grain of opium was ordered to be taken every two hours. On the eighth day two grains of iodide of potassium were added to the draught. On

the fifteenth she was ordered in addition twenty grains of saccharated carbonate of iron, thrice daily. On the sixteenth day the pains became regularly paroxysmal, returning morning and evening at half-past ten o'clock. On the same date she began to sweat a great deal at night; ten grains of quinia daily, in two evening doses, reduced the severity but not the duration of the attacks. The amount of quinine was then doubled by giving four doses daily instead of two, and by the twentieth day she was free from pain and improving in general condition. After this the pains returned slightly, and a treatment as for lead colic was essayed, but, proving unsuccessful, was changed for citrate of iron and quinia, under which they soon began to disappear; and within little more than a month from the date of admission, though the patient suffered occasional returns of pain, the abdomen was soft and mostly quite free from tenderness on pressure, and she was discharged at her own request.

These cases, Dr. Jones said, were fair specimen cases of a disorder which is by no means rare, at least among the poorer classes. In calling it "abdominal neuralgia" he had followed unwittingly the example of the late Dr. Addison, who had written a very full and interesting paper on the same disorder in connection with uterine irritation. The term might be thought too vague, but he preferred it to any other, for the reason that it did not appear to him that any organ is specially affected, and that any part of the region in question might be attacked. If he were pressed to localize the disorder more exactly, he should name the peritoneum as the most probable seat, partly on account of the quality of the pain, partly because this membrane is coextensive with its situation. Romberg had described a hyperæsthesia of the mesenteric plexus, but the description he gave of it seemed more applicable to the colic than to the malady they were considering. A perusal of the cases, Dr. Jones thought, indicated that the resemblance of the symptoms, especially the pain, to those of peritonitis was quite close enough to make the diagnosis sometimes sufficiently difficult. Dr.

Addison had said that the pain occasionally attacked the whole of the belly, exactly simulating acute peritonitis, and that he knew of no more puzzling disease. The points which would prove most serviceable as guides were the previous history, the temperature, the posture, the respiration, the pulse, and the physical signs. If the patient appeared to have suffered from any cause of exhaustion, such as lactation, profuse leucorrhœa, over-exertion, semi-starvation, or the like, a neurosis was a more probable result than inflammation. If the disease was of long duration, such as from two to three weeks or more, and the pain persisted with severity, especially without the development of any other symptom, it could not be peritonitis; the same would probably apply if there was a history of several similar previous attacks. If the temperature underwent no rise, it afforded strong evidence against the existence of inflammation, though a high temperature could not by any means be taken to prove the converse. The second case indicated a temperature befitting typhoid fever, and it was only the sequel which conclusively showed that the pain was purely neurotic. It had been supposed that neuralgia could not coexist with pyrexia, but he had recently seen a case of ephemeral fever in which the patient complained of agonizing pain in the limbs, and the temperature rose to 103°; on the day following the pain had greatly abated, and the temperature was found to be normal. As regarded posture, the peritonic patient was said to lie in a fixed position, instinctively avoiding the slightest movement; the neuralgic often turns and writhes about: the former abstains from using the diaphragm in respiration, the latter does not, or, at any rate, not to so great an extent. After a few days the physical signs would probably afford decisive information. The dullness in depending parts of the abdomen, due to effusion, is not present in neuralgia. So, also, abdominal distension may be looked for in peritonitis, but not usually in neuralgia; though Dr. Addison speaks of a very marked instance of the latter, in which the belly was as tense as a drum and ex-

quisitely tender. The case had been regarded as one of chronic peritonitis, and the surface of the abdomen "presented a most singular appearance from the thousands of leeches" which at various times had been applied. A very important question might be raised—viz., whether a primarily neuralgic disorder may not pass into an inflammatory. Dr. Jones's belief was that it might, and though he had not observed it in abdominal cases, yet there was considerable evidence, he thought, that such a change may occur in facial neuralgia. For further remarks on this topic he referred to his work on the subject. Some might be disposed to look upon these cases as examples of hysteria, and would have summarily dealt with them by the treatment which Sir T. Watson recommends—namely, purging followed by an assafœtida enema. To this he altogether demurred. If any definite meaning was to be attached to the term hysteria, it must imply that the patient's will was defective, that she was not sincerely anxious to get well; that, in fact, she wanted moral treatment more than medicinal. Such, he was satisfied, was not the case with the patients in question. The pain felt was, as far as he could judge, as *bond-fide* a pain as ever racked a sufferer from sciatica or tic douloureux; they recovered speedily, and under such treatment as was known to benefit neuralgia elsewhere.

The occurrence of some amount of nocturnal delirium, and that of a terrifying and distressing kind, in the first case, Dr. Jones added, deserved remark. Such disorder was, if he might use the term, quite homogeneous to neuralgia, both affections having their root in a feeble parietic state of nerve-centres, and being as it were branches of the same stock. The derangement, in fact, was of the same kind in both, and the diversity of phenomena depended on the site of the morbid action; the intellectual centres being affected in the one case, the sensory in the other. There were also indications that the vaso-motor nerve-centres were involved, and suffered in a like way; for the patient in the first case complained of "faint perspirations"—i. e., perspirations



attended with a sense of faintness; and in the second, of copious nocturnal sweating, precisely such as is met with in maladies of exhaustion.

Another noteworthy point observed, especially in the first case, and which Dr. Jones said he had not unfrequently met with in other unquestionable neuralgias, was the reproduction of the pain by exertion. This depended on the fact (for such he held it to be) that consumption of nerve-force in one centre, or, to speak more correctly, of material qualified to generate nerve-force under oxidation, diminishes its production in another, and so favours the recurrence of a disorder which is essentially dependent on the failure of nerve-force.

The special cause of the disorder in these cases could not be said to be clearly ascertained. It might be thought that the second was of lead-poisoning, as the patient had been exposed to the smell of paint; but he could not take that view. There was no notable constipation, and no blue line on the gums. The pain was not like that of colic; it was attended with fever, followed by copious night-sweats, and cured by tonics. He had never seen anything like this in the frequent cases of lead disease he had met with. The lactation and leucorrhoea no doubt had materially promoted the action of the exciting cause.

The diagnosis once made, the remedies to be used were plain. Opium to relieve suffering, tonics to restore strength, the action of both being led, rather than seconded by repose and good nourishment. In doubtful cases, after ascertaining that the bowels had been sufficiently cleared, he advised the use of an opiate enema before applying leeches. The result of this means might be so satisfactory as to make the further treatment clear. On the other hand, it was to be observed that in a puzzling case Dr. Addison thought it an error on the right side (for an error it proved to be) to employ the remedies for peritonitis. The few leeches which were applied in the second case gave relief; but he, nevertheless, thought they were unnecessary and undesirable. It was by no means impossible for such means, by

the temporary benefit they produce, to betray the practitioner into their repetition, with ultimately disastrous consequences.—*Lancet*, Nov. 19, 1870.

#### HOSPITAL NOTES AND GLEANINGS.

*Cases in St. Bartholomew's Hospital, with Clinical Remarks*, by Dr. ANDREW. *Aneurism*.—On examining a patient who was the subject of an aneurism situated in the left half of the chest, Dr. Andrew expressed the opinion that a considerable thoracic tumour in that situation inevitably causes obstruction of the thoracic duct. He had heard Professor Turner, of Edinburgh, express the same opinion; and had himself on two occasions endeavoured to inject the duct in similar cases, and found it completely closed at the site of the tumour. And he suggested that the obstacle thus presented to the supply of new material to the blood might have at least a share in inducing the well-marked cachexia which patients suffering from aneurism often present.

*Suppuration without hectic*.—Dr. Andrew drew attention to the absence of any symptom of hectic in a patient in whom a purulent discharge was being continuously evacuated by expectoration from the right pleural cavity, the patient being also the subject of pneumothorax. He said that hectic is by no means a necessary accompaniment of even profuse suppuration. If, however, pus, or even mere serous fluid, were confined in a cavity, or ceased to be of laudable quality, a constitutional effect would at once be found to ensue. With reference to this subject one of the house-physicians who was present said that a patient of Dr. Harris's had been recently tapped for a suppurating hyatid of the liver, and that the fluid, having accumulated at the rate of a pint a day, had been removed by occasional subsequent tapplings. At first the patient exhibited a most voracious appetite, and appeared to suffer no ill effect from this profuse discharge; but on a certain day, her appetite failing, she refused her large allowance of food, and in the course of a few hours her temperature rose, she became hectic, and daily

increasing exhaustion caused death in ten days.

*Sequelæ of exposure to the sun.*—G. B—, aged thirty-eight, a patient in one of Dr. Andrew's wards, lay from about 11.30 to 12.30 of Sunday morning last on the grass of an open field without his cap. When he rose to his feet he felt giddy, and had sensations of swimming and throbbing in the head. He travelled home by rail, a distance of a few miles, and lay on the sofa for the remainder of the day, without tasting food. On the following morning he went early to his work, taking with him his breakfast, which, however, he was unable to touch. In the course of two or three hours the giddiness and throbbing in the head, to which had been superadded a severe pain extending down the spine from the root of the neck to the loins, became so severe that he could scarcely keep his feet; and he applied for admission into the hospital. His temperature was found to be 100°.6 Fahr. He was ordered to bed; ice was applied to the head, and a mustard plaster to the loins. This latter application was followed in about twenty minutes by a cessation of the dorsal pain; and on the following morning the patient expressed himself free from giddiness and throbbing. When last seen, four days after the appearance of the symptoms, he said he felt well, but his manner was somewhat tremulous.—*Lancet*, Aug. 6, 1870.

*Supposed Case of Acute Tuberculosis in Guy's Hospital, with Clinical Remarks*, by Dr. WILKS.—On the occasion of a recent visit to this hospital, we saw a young woman about twenty years of age, who had been admitted three weeks previously. Her sobs and her manner generally indicated that she was in a highly hysterical condition. Dr. Wilks said that ever since her admission her temperature had indicated a state of pyrexia, but that she had exhibited no symptoms either of local inflammation or specific fever; and that whenever a high temperature was thus maintained for a considerable time, without the development of any other symptoms, it indicated the existence of acute tuberculosis. He had not been able to

verify his opinion in this case by a physical examination of the patient, because she complained of such acute hyperæsthesia of the chest that percussion was impracticable, and directly he applied the stethoscope the breathing always became so rapid and shallow that no reliable observation could be made. But there were other signs which, in his opinion, lent confirmation to his diagnosis. These were, the patient's regular features, white regular teeth, and well-formed frame—all of them features of tuberculous temperament; and falling off of the hair; and her hysteric condition. Ever since a striking incident had called his attention to the subject at the time he was clinical clerk, he had noticed the frequent existence of hysteria and phthisis. For three months the late Dr. Addison had, out of sheer disgust, passed by the bed of a girl who was in so highly hysterical a condition that he had found it impossible to make a careful examination of her state. One day a student, who had remained behind to listen to her chest, remarked to Dr. Addison that he supposed the case was one of phthisis, as he had heard sounds indicative of a large pulmonary cavity. Dr. Addison replied that there was nothing the matter with the patient but hysteria; but, on the student insisting that there was a cavity at the left apex, he listened for himself, and found that such, in fact, was the case.

Speaking of the relation of pyrexia to local disease, Dr. Wilks added that he did not believe that when a local disease followed in the wake of fever it held to it the relation of a consequence; for example, when people spoke of fever terminating in phthisis or some brain affection, it might always be taken for granted that the antecedent fever had been the pyrexia proper to tuberculosis in the one case, or meningitis in the other.—*Lancet*, Dec. 10, 1870.

## MEDICAL NEWS.

### DOMESTIC INTELLIGENCE.

*To Subscribers.*—In making up the Library Department of the *News* for Dec. 1870, an index for the *Diseases of the*

*Spine and Nerves* was prepared and set in type, as well as a table of contents. As one was little more than a duplicate of the other, however, it was thought that subscribers would prefer to have the space occupied by the Index filled with other matter. The Index was therefore cancelled, but reference to it in the Table of Contents was, by an oversight, allowed to remain. Subscribers in binding the Library for 1870 will therefore understand that the work is complete in the form in which they have received it.

*Antiphlogistic Value of Ergot.*—Dr. JACOBI holds (*Medical Record*, Oct. 1, 1870) that ergot acts through the nervous system, and especially through the sympathetic, upon the unstriated muscular tissue under its control. Thus it is that ergot produces its peculiar effect upon the muscular tissue of the uterus, the unstriated fibres of the bladder, the muscular layers of the intestines, and especially upon the muscular coat of the bloodvessels. Its power in diminishing the size of the bloodvessels is manifest from its value as a hæmostatic; and it is of this power we have to speak in considering its antiphlogistic effect.

This effect is noticeable in fevers generally, and particularly in fevers of the intermittent type. It is an established fact, in my opinion, that many cases of obstinate intermittent fever will, when no longer benefited by quinia or arsenic, still be benefited by the action of ergot.

Dr. Jacobi states that he has given a mild preparation of ergot with a uniformly beneficial effect in many cases, not uncommon in women and children, of spinal meningitis resulting in pain, slight fever, occasional convulsions, partial or total paralysis. He has given it advantageously in the first stage of the so-called infantile or dental paralysis dependent upon congestion of the spinal cord. The persistence of the disease he attributes to dilatation of the bloodvessels, and he gives the ergot to effect their contraction. In cases of chorea minor, not connected with rheumatism, but with pain in some portion of the spinal column, ergot is often serviceable in removing the symptoms.

Dr. Jacobi uses large doses, as two drachms (to a child) of Squibb's fluid extract in the day, or from four to seven grains of Bonjean's ergotine. When its use is to be long continued, for chronic hemorrhages, etc., he gives commonly about a scruple of the ergotine, daily to an adult, and to a child in proportion to age. He has never seen any of the symptoms of so-called ergotism, whether of the spasmodic or gangrenous form, nor has he any fear of it resulting from the use of ergot in this dose.

*Large Doses of Chloral.*—Dr. JAMES RODMAN states (*The American Practitioner*, Oct. 1870) that a nurse gave one of his patients, who was under treatment for insanity, in order to induce sleep, 270 grains of hydrate of chloral, which produced sleep for eighteen hours, without any alarming attendant symptoms.

A case is reported (*Medical Times*, Oct. 15, 1870) of a female nurse in the Philadelphia Hospital, who took 460 grains of chloral. It produced deep sleep, her respirations were 35—heavy and stertorous; pulse 140; face flushed; extremities cold and livid. The symptoms resembling those produced by an over-dose of opium. She was supposed to have taken that drug, and was treated in accordance with that supposition. She entirely recovered, when she stated she had taken some medicine from a vial for the relief of headache, and it was ascertained that the medicine was a solution of chloral.

It is stated in the *Lancet* (Nov. 26, 1870), that as much as 160 grains of the hydrate of chloral was lately given by mistake in one dose to a middle-aged man in one of the London hospitals. Some alarm was felt, but no disagreeable symptoms occurred; the man slept well, and no unpleasant effects resulted.

*Enlarged Spleen.*—Mr J. G. JAY records (*Baltimore Med. Journ.*, Oct. 1870) a case of this in a negro man, æt. 28. The weight of the spleen was 9½ pounds; its length 16 inches; greatest breadth, 11½ inches. It was lobulated upon the right margin; the fissures, 4 in number, were from one to two inches in depth.



*Death from Chloroform.*—In the *Boston Medical and Surgical Journ.* for Dec. 15, 1870, there is recorded a case of this occurring in a man aged 40 years, who had had chloroform administered by one of the ablest surgeons of that town, preparatory to an examination.

*Death from the Inhalation of Ether.*—In the number of the *Boston Medical and Surgical Journ.* for Dec. 8, 1870, there is reported by Dr. WALTER BURNHAM, of Lowell, a case of "death from the effects of sulphuric ether," in the opinion of the editor "the result of an overdose." The operation was an amputation of the thigh for a gunshot wound; an ounce of ether was administered on a small napkin in a bowl, which was placed over the face, and one or two drachms were added every two or three minutes. In about ten minutes anæsthesia was induced, and the ether suspended; slight sensibility returning the ether was renewed with the desired effect, and again suspended. The operating surgeon then ordered the napkin to be reapplied with a drachm of ether freshly poured upon it. After one or two inspirations the patient ceased to breathe.

*Surgeon-General's Report.*—From the annual report of the Surgeon-General for the year 1870, we learn that "while the rate of mortality from wounds and injuries among the coloured troops agrees with that among the white troops, their rate of mortality from disease alone is nearly double.

The printing of the medical volume of the first part of the medical and surgical history of the war is near completion. The peculiar value which the surgical data of the late war have acquired in consequence of the measures taken to trace the ulterior results of the more important cases cannot be overestimated.

"There has been a very steady and uniform increase in the various collections of the Army Medical Museum."

*College of Physicians of Philadelphia*—MUTTER Lectureship.—This position is now vacant. Applications for it are hereby invited, and may be made to Dr. S. D.

Gross, S. E. corner 11th and Walnut Sts., Chairman of the Committee on Lectures. Information in regard to the duties, compensation, &c., may be obtained of

JOHN H. PACKARD, M.D.,  
Secretary of the College,  
1928 Spruce St.

*College of Physicians and Surgeons of New York.*—Prof. WILLARD PARKER has resigned the chair of Surgery in this institution, and is succeeded by Prof. MARCOTTE. Prof. John T. Metcalfe also retires from the chair of Clinical Medicine.

*Virginia State Medical Society.*—The first meeting of this society was held at Richmond, Va., Nov. 2d, 1870. The opening address was made by the president, Dr. R. S. Payne. He spoke at some length on the importance and objects of the organization.

On motion of Dr. W. W. Parker a committee was appointed to petition the Legislature for an act of incorporation.

On motion of Dr. F. Horner it was resolved to invite the members of the county and town medical societies to co-operate with the State organization.

And, on motion of Dr. Fauntleroy, a committee was appointed to memorialize the Legislature upon the establishment of a board of medical examiners, and to petition the General Assembly to pass a law authorizing liens on property to secure medical fees.

Reports were ordered to be made, at the next annual meeting, on the epidemics of the three divisions of the State—one for the tide-water district, another for the country lying east of the Blue Ridge, and a third for the Valley. Two Fellows were appointed to read essays at the subsequent meeting of the Society, upon subjects to be chosen by themselves.

The Society adjourned to meet in the city of Lynchburg, at the call of the Executive Committee.

#### FOREIGN INTELLIGENCE.

*The After-Treatment of Cataract.*—Mr. HAYNES WALTON, in a clinical lecture on cataract (*Med. Times and Gaz.*, Dec. 8,

1870), recommends the following after-treatment in cases of extraction:—

The very first act after the operation should be to close the eyelids with a couple of strips of court-plaster, about an inch and a half long and a quarter of an inch wide. This insures adaptation of the wound, and supports the corneal flap. Besides this, the atmosphere is excluded, and the eye is rested. It is the simplest appliance by which the eye can be kept closed, and such closure accomplishes all that can be done for the wound without disadvantage. The tears and the aqueous humour readily escape, because some portions of the edges of the eyelids are uncovered. Bandages and compresses of all kinds are injurious. They are hurtful in proportion to their action. All pressure, beyond that which is naturally produced from closing the eyelids, must tend to be prejudicial, and, at times, to be positively damaging. Again, whatever keeps the eye hot must be bad—whatever soaks up the secretions is objectionable. I am well aware, from personal observation, that some surgeons pack the eye with cotton wool or charpie, and subsequently apply a bandage. The system is very like the French method of treating a stump after an amputation. It is notorious how a French surgeon packs and bandages until the limb has pounds of material over it. I fully believe that my plan insures the highest attainable result that can be reached.

Whenever it seems necessary to protect the eye from blows from the patient's own hands, a stiff square shade, reaching from one temple to another, padded where it touches the head, and kept in position by an elastic band, will suffice. Calkin's eyeshade answers the purpose very well.

I believe it to be important that the patient be well fed, and therefore I allow him a full diet. Of course, he is carefully fed by the nurse, and does not make any exertion. It is a mistake to prescribe liquid food under the idea that chewing is hurtful to the eye, for in man the muscles of mastication cannot in any way influence the eyeball. It is different in most of the lower carnivora.

From day to day the corners of the

eyelid and the cheek should be carefully cleansed. The patient should be kept in bed for the greater part or the whole of the week, but not necessarily between the sheets. When the bed is left, there is always a risk of imprudent acts.

When seven clear days have passed without unfavourable symptoms, success is pretty certain, and the plasters may be removed after they have been thoroughly softened with warm water. Then I try the sight by putting the patient's back to the light, and guarding the eye while he looks at something held before him. At the same time I endeavour to ascertain whether the cornea has healed. If the chambers of the eye be filled with aqueous fluid, union must have taken place. When everything is satisfactory the plasters need not be reapplied, but if otherwise, they are required. There may be simply delay in the healing, in which case the eyelids require to be closed as much as at first.

The pernicious practice of opening the eye a few days after the operation cannot be too strongly deprecated. The examination is quite useless if the eye be doing well; if otherwise, it is certain to aggravate any evil, and in no instance can it disclose symptoms for guidance more certain and more valuable than those of the patient's sensations and the state of the eyelid. A red and puffy eyelid is a sure indication of an inflammatory state of the eyeball, with an absence of proper repair in the corneal wound. Besides this, the angle of the cheek gets œdematous.

This after-treatment, which may be said to be purely mechanical, is really all that can be done for a patient; and when the cornea does not heal kindly, the case is never perfectly successful, do what you may, and in most instances the eyeball is somewhat damaged, and only an imperfect result as regards vision is obtained. The very best sight is never got except the pupil be round and central, or nearly central. It is not enough for a patient to be able to read the smallest type under certain favourable conditions of light and position; he may do this with an irregular and displaced pupil. I want more; I wish him to be able to face a bright light

without distress, and to get the light admitted to the centre of the retina, for both of which the pupil must be of the natural size, or nearly so, and central.

When any unfavourable complication ensues which destroys all chance of primary union of the cornea, whatever depresses the patient will very materially tend to lessen the prospect of his recovering any degree of sight. He is sure to be enfeebled by the adverse condition of the eye, and the constitutional symptoms are often severe. It may be said, in general terms, that only those measures which tend directly to relieve pain and to soothe are admissible. With the least chance of saving the eye, the therapeutic measures most to be relied on is rest to the wounded part—that is, the eyelids must be again plastered. This may be necessary for weeks. Many an eye is lost because this is not attended to. All else is in vain if this be neglected. I believe its simplicity is the chief reason why this, my practice, is not more generally followed. It leaves nothing for meddlesome fingers to do. While in the first week I always plaster up both eyes, in the secondary treatment, to which I now allude, I close only one.

When both eyes are equally affected with blindness, only one at a time should be operated on for extraction, and the first should be allowed to recover before the other is touched. Both eyes may be operated on at the same time for solution.

*New Operation for Erectile Tumours.*—At a recent meeting of the Belgian Academy of Medicine, M. MICHAUX gave an account of a new mode of procedure he had adopted for the treatment of erectile tumours. During the thirty-four years that he had been engaged teaching clinical surgery at Louvain, he has had abundant opportunities of putting the various modes of treatment that have been recommended, from time to time, into force, and has communicated the results to the Academy. The present plan, which he regards as preferential to all others, consists in a combination of Guersant's *cautérisation actuelle parcellaire* with the employment of the perchloride of iron. He had here-

tofore frequently had recourse to this mode of cauterization, and found himself obliged to have recourse to the perchloride in order to arrest the hemorrhage which ensued on the cauterization. He soon, however, remarked that this application contributed greatly to the cure of the tumour, and therefore he resorted to its use in cases in which the cauterization gave rise to no bleeding.

"At the present time this is the way in which I treat erectile tumours, whatever may be their description, seat, or size: With one of Guersant's needles, heated to whiteness, a track is practised on the tumour, either directly or by piercing the skin at a certain distance from it. Several needles may be placed in the same track, but that is not indispensable. As soon as the cautery is withdrawn, I substitute for it the tents of charpie, soaked in perchloride of iron, and prepared beforehand. I thus plug the aperture until no more blood flows, and leave the charpie *in situ* until suppuration is well established. I then replace these tents by others, taking care to increase the detachment, and repeat this dressing every day, or every other day, according to the amount of suppuration. In this way I destroy entirely the erectile tissue, invading it in every direction with the charpie soaked in the perchloride. If the tumour is large, several punctures may be made; and if cutaneous arterial spots (*taches*) persist, they may be painted with the perchloride or cauterized by Guersant's needle."

M. Michaux observed, in conclusion, that the practice was a certain one, unattended with danger, and easy of execution; while the same results are not obtainable either by using the caustic alone or by the injection of the perchloride—this last being sometimes dangerous by producing gangrene.—*Med. Times and Gaz.*, Nov. 12, 1870.

*Hypodermic Treatment of Syphilis*—At one of the recent meetings of the Lyons Medical Society, M. DIDAY detailed the results of a trial of the hypodermic treatment of syphilis, which he has made in twelve cases. Although so few in number,

these experiments, conducted by the hand of such a master in all that relates to syphilis, are more important than a far greater number would be, detailed by persons of no authority. He employed the syringe and solution recommended by Liégeois, this last consisting of distilled water, 45 grammes; corrosive sublimate, glycerine, of each 10 centigrammes. Two, and sometimes three, injections were practised daily, the mean quantity of sublimate introduced each day amounting to 7 or 8 milligrammes. The back is the preferable region for the operation, as the pain is complained of less there; but when the patients inject the solution for themselves, the sides of the chest or the anterior and external parts of the thigh should be selected, alternating these regions, so that the punctures do not succeed each other too rapidly or approach each other too closely. M. Diday felt very well disposed towards the remedy, as he believes that in it we have an opportunity of bringing the specific into action in a far more direct manner than in ordinary modes of treatment. As cases for trial, he selected patients who were somewhat severely affected, and in whom the disease had resisted the ordinary measures. After supplying the chief details of the twelve cases, M. Diday observes—

"These results, incoherent and even contradictory as they seem at first sight, cause me, I must admit, great embarrassment in pronouncing an opinion on this new method. In fact, there is no occasion to pronounce any positive opinion on a remedy which has so recently made its appearance. At first, one is struck and seduced by the promptitude of some of the cures which it effects, only to fall again into a state of doubt on observing it powerless in other analogous morbid conditions, or even in such as are less serious in appearance. We must not allow this doubt, without further information, to pass into discouragement. Deeper researches, instituted while varying the formulæ, and only injecting every two or three days, in order to prolong the time necessary for the cure, and perhaps by adding the employment of other agents, etc., will, it is to be hoped, lead to more

constant results and less vague conclusions concerning the degree of power of this mode of treatment and its special adaptation to certain forms of syphilis. Above all things, we ought, in this channel of absorption as in others, not to limit ourselves to the injection of a mercurial preparation. As is so well known since the able demonstration of our legislator in therapeutics, Ricord, we should, according to periods or *age* of syphilis indicated by this or that lesion, administer mercury to one patient, iodine to another, and a combination to a third. Beyond this rule there is no safety."

M. Diday believes that great advantage is derivable from the injections in the squamous form of syphilides, which is sufficient to prevent our neglecting it as a remedy. He agrees with M. Liégeois and others that it is not only useless, but mischievous (by consecutive ulceration of the punctures) in the ulcerative forms of syphilis. A very great advantage of the hypodermic method is, that it saves the digestive organs, for under it none of those affections of the stomach and intestines, that so often interfere with treatment, occur. In none of M. Diday's patients was the slightest mercurial affection of the mouth produced.—*Med. Times and Gaz.*, Sept. 3, 1870.

*Radical Cure of Hydrocele by the Seton.*—Mr. HENRY SMITH calls attention (*Med. Times and Gaz.*, Nov. 12, 1870) to the ancient practice of Pott as having been attended with good success in his hands; in about thirty cases only two suffering from acute inflammation of the sac following the operation, in one of which it resulted from taking a long walk immediately afterwards. Pott's treatment consisted in the introduction of "ten or twelve strings of candlewick cotton," the fluid in the vaginal sac having been previously drawn off by a trocar and canula. He put his patient to bed, and purged him. Mr. Smith remarks that this plan was without doubt unnecessarily severe, and the mode he adopts is simply to puncture the tumour with a common suture needle, armed with a single thread, and having brought the thread out a dis-

tance of one or two inches from the point of entrance, it is disengaged from the needle, and the two ends are lightly tied together. He does not tap the hydrocele first, as Pott recommended, for if a pretty good sized needle be used the fluid readily drains away. The patient may, and usually does, go to his ordinary occupation, and at his visit in forty-eight hours the part is considerably swollen; or if this be not the case, inflammation may be excited by moving the threads. In the majority of cases, the threads may be removed in from eight to ten days. In only one instance has Mr. Smith met with a sufficient want of inflammatory reaction to bring about a cure.

*Simulation of Hip-Joint Disease by Suppuration of the Bursa over the Trochanter Major.*—Dr. MACNAB gives (*Lancet*, Nov. 12, 1870) the notes of two cases of this disease, which present features of interest. In one, a strumous boy, aged eleven, received a blow on the trochanter, which produced pain and swelling, the former disappearing, the latter remaining under treatment. Rest, blisters, and iodine externally, and phosphate and iodide of iron with cod-liver oil internally, failed to effect any improvement; and the limb simulated in a marked degree the first stages of morbus coxæ. There is, however, no pain on pressure, or on striking the knee or foot upwards. A splint was applied, and the case looked a doubtful one, originating in periostitic inflammation, and likely to end in caries or necrosis. Two months afterwards, however, the swelling over the hip suddenly became painful. Suppuration occurred; the abscess burst, and speedy recovery followed. In the second case, a married woman, aged twenty-two, without previous injury, became sensible of severe pain in the left hip over the trochanter major. The pain increased and swelling occurred. Opinions were divided as to the nature of the case, some regarding it as one of deep-seated abscess, the result of periostitic disease in the neighbourhood of the trochanter major and upper part of the femur, others holding it to be an undoubted instance of morbus coxæ. She was treated with

counter-irritation, chalybeates, and cod-liver oil. The hip-joint fixed, but not painful on pressure; slightly flexed on pelvis over the trochanter major, and involving the upper third of the thigh, was a large, tense, acutely painful swelling, and great constitutional disturbance. After deliberation, Dr. Macnab opened the abscess, from which a pint and a half of healthy pus flowed, and recovery soon followed.

*Cancer of the Pancreas, simulating Hepatic Abscess.*—Mr. JAYAKER, Assist.-Surg. Huttee Singh's Hospital, Ahmedabad, records (*India Med. Gaz.*, Nov. 1, 1870) the following interesting case of primary cancer of the pancreas which is not altogether an uncommon disease, but the circumstances under which it presented itself in this case, were more than likely to lead to a false diagnosis. A large fluctuating tumour occupying the right hypochondrium, epigastrium, and a part of the left hypochondrium, attended with anæmia, and the characteristic diarrhoea of an abscess bursting into the intestines, is strongly suggestive of the existence of a hepatic abscess.

Peera Hakeemjee, an anæmic Fakcer, was admitted into the hospital on the 30th of March, 1870, with the above symptoms. The tumour extended more to the left, and on exploring with the needle only a few drops of blood escaped, which were the only signs against the supposition of an abscess in the liver. He was treated with stimulants and tonics, but he died, exhausted, on the 1st of April.

On making a post-mortem examination, a large cancerous tumour of the pancreas, apparently about 5 pounds in weight, was found; the liver was quite pushed into the right thoracic cavity from pressure. The other organs were normal, excepting that they were anæmic, and had suffered from the pressure of the tumour.

*Temperature in Hæmatemesia.*—Dr. EDWARD LONG FOX states (*Med. Times and Gaz.*, Nov. 5, 1870) that in hæmatemesia the thermometer is, to a certain extent,



a guide as to the pathological condition. Gastric hemorrhage will always be accompanied by a temperature more or less elevated if it proceed from ulceration that depends on acute or chronic catarrh of the stomach. A normal temperature may, however, coexist with rather extensive ulceration of the mucous membrane connected with cancer of the stomach.

*Cardiac Murmurs in Chorea.*—The murmur which is not unfrequently heard in choreic patients, Sir WILLIAM JENNER affirms (*The Lancet*, Nov. 5, 1870), is a mitral regurgitant murmur, due to irregular action of the papillary muscles, sometimes accompanied by irregular contraction of the heart itself. Thus cases are met with in which there is irregular action of the heart with an occasional murmur, or irregular action with a constant murmur, or regular cardiac action either with a constant or inconstant murmur; and in all these cases the murmur, and irregular action when present, disappear either shortly before or shortly after the cessation of the choreic movements of the voluntary muscles. Murmurs first detected during a choreic attack may remain after its subsidence, but in these cases there has been at some time inflammation of the endocardium.

*Oil of Peppermint as a Local Anæsthetic.*

—Dr. A. WRIGHT writes to the editor of the *Lancet* (Nov. 19, 1870), that "a few years ago I became acquainted with the fact of the natives [Chinese], when suffering with facial neuralgia, using oil of peppermint, which they lightly apply to the seat of pain with a camel-hair pencil. Since then, in my own practice, I in the same way frequently employ oil of peppermint as a local anæsthetic, not only in neuralgia, but also in gout, with remarkably good results; indeed, the relief from pain I have found to be almost instantaneous."

It is worthy of note that some Chinese pharmacutists in San Francisco and New York have been selling a remedy for neuralgia, which has gained some repute. It is a liquid put up in very small vials, holding about half a drachm each, which are

sold at an exorbitant price. The liquid has a strong smell of peppermint, and is in all probability the oil of that plant.

*Koumiss.*—This is prepared from mare's milk, a beverage which the nomadic tribes of Bashkirs and Tartars drink in a state of fermentation. Dr. Victor Jagielski, late a physician of the Prussian army, has been led to consider, in common with many physicians of Russia and Germany, that the popular belief of these people, which ascribes their exemption from consumption, bronchitis, and other diseases to the almost exclusive use they make of koumiss, has a considerable foundation in fact. One of the first persons to direct attention to koumiss as a dietetic and therapeutical agent was a Dr. Grieve, F.R.S. Ed., who held the post of physician to the Russian army. The best koumiss is manufactured in the government of Orenburg, especially on the large estates of Istchoff, in the village of Kilimow, in the district of Beleber.

Koumiss institutions, supported by the Imperial Government of Russia, are now existing in Samara, under Dr. Postinkoff; in Odessa, under Dr. Levenson; and in Moscow, under Dr. Stahlberg. These establishments are preparing their koumiss from mare's milk; but within the last ten years institutions have been founded nearer to the centre of Europe, where koumiss is prepared from cow's milk, as in Warsaw, under the management of Dr. Przysanecki. In St. Petersburg, and many other towns of European Russia, there are also institutions where koumiss is prepared from cow's milk by workmen brought expressly from Tartary, as well as in Charlottenberg, near Berlin, and in Ottenstein in Saxony.

Drs. Lersh, Schwepp, With, and Stahlberg, give a favourable opinion as to its effects as a remedy. When a Russian physician advises his patient to take koumiss, the latter at once conceives the idea that he suffers from consumption; and in fact the belief in the power of koumiss in this disease is said to have taken such root, that patients use it of their own accord, without any appeal to medical advice.—*Lancet*, Nov. 26, 1870.

*Death from Chloroform.*—In the number of the *Medical Times and Gaz.* for Oct. 8, 1870, there is recorded a case which occurred at Yokohama. The chloroform was administered for the reduction of dislocation of the shoulder-joint.

*Smallpox.*—A severe epidemic of this disease is now prevailing in London, and is increasing. During the fortnight preceding the 26th of November last, eighty-five deaths from it occurred, and the Registrar-General states that so many weekly deaths from it have not occurred since April, 1867. In the No. of the *Lancet* for December 10th it is stated that the deaths from it during the preceding week had risen to 60, the highest number returned in any week since June, 1863.

It behooves the authorities in this country to take every possible precautionary means of preventing its introduction here, and should it reach us, to prevent its spreading, by general vaccination and revaccination. The importance of this last cannot be over-estimated.

*Deaths from Snake-bites.*—It appears from a statistical table in the *Indian Medical Gaz.*, Nov. 1, 1870, that 11,416 deaths from snake-bites occurred in British India during the year 1869, or one death in every 10,000 inhabitants.

*Professor Skoda.*—We regret to learn that owing to impaired health Professor Skoda has determined on resigning his chair in the University of Vienna.

*Mixed Medical Classes.*—We have already noticed (Number for December last, page 177) the efforts at present being made for the instruction of male and female medical students in the same classes, and the attempt is so repugnant to our sense of decency that we are reluctant to again recur to it, but a recent discussion at the conjoint meeting of the Managers and Staff of the Royal Infirmary of Edinburgh, places the subject in so strong and disgusting a light that we may be excused for saying a word more in re-

gard to it, for we are persuaded its advocates have not sufficiently reflected on the results which must inevitably follow.

At the meeting alluded to Prof. Lister stated "that he had just been removing the testicle from a patient, in which he had necessarily to expose the penis, and operating on the anus of another, and that he felt it would be impossible in decency to do these things in the presence of young ladies and gentlemen. One of his dissenting colleagues expressed his surprise at this statement, because he was satisfied such procedures could not possibly excite the sexual instinct; and a second followed up the argument by quoting an instance within his own experience of a daughter who passed the catheter for her father without having any sexual feelings excited whatever! Professor Lister protested that it was a feeling of disgust which decent men felt." His dissenting colleagues could not understand this at all; and the conclusion is, therefore, forced on us that their sense of decency is extremely obtuse or entirely wanting, and it would be as vain an effort to make them comprehend what constitutes modesty as it would be to endeavour to convey to a person born blind an idea of colours.

The Bishop of Manchester recently remarked at the annual meeting of the Manchester Society for promoting the higher education of women: "If any one looked upon a school of anatomy, containing mixed classes of male and female students of from eighteen to twenty-five years old, as an edifying spectacle in the midst of modern civilization, then their notions of what was right and becoming were different from his."

"Dissection," the editor of the *Lancet* (Dec. 10th) justly remarks, "is not a pleasant occupation at any time, and it is a very repugnant task to many students; but for a girl to be so occupied amid a number of male students seems to us, in one word, *nasty*."

And again, "if the male students feel this while the lady students do not, all we can say is that the former seem to us to manifest a far more delicate appreciation of what is modest and becoming than the latter."

*Med. News + Library*

## RECENT MEDICAL WORKS.

BASHAM ON RENAL DISEASES.

### RENAL DISEASES:

#### A CLINICAL GUIDE TO THEIR DIAGNOSIS AND TREATMENT.

By W. R. BASHAM, M.D.,

Senior Physician and Lecturer on Medicine to the Westminster Hospital, &c.

WITH ILLUSTRATIONS.

*In one very handsome royal 12mo. volume; extra cloth, \$2.*

This little volume treats, in a plain practical way, of the various disorders to which the kidneys are liable. Part III. takes our fancy especially, as supplying a want felt by many young practitioners. Here we have the various morbid constituents of the urine described, simply, yet practically.—*Canada Lancet*, Nov. 1870.

The most satisfactory exposition of the subject, in a short space, that we have had the fortune to meet.—*Chicago Med. Journal*, July, 1870.

The work will, however, be found to be one of real utility, giving a clear and succinct account of the best and most recent pathological views on the subject of renal changes, with an excellent summary of the diagnosis and treatment of the different morbid conditions. We would specially mention an admirable account of the physical, chemical, and morphological characters of the urine which forms the closing chapter of the book.—*Dublin Quarterly Journal*, Aug. 1870.

CHAMBERS ON INDIGESTIONS.

### THE INDIGESTIONS;

#### OR, DISEASES OF THE DIGESTIVE ORGANS FUNCTIONALLY TREATED.

By THOMAS KING CHAMBERS, M.D.,

Honorary Physician to H. R. H. the Prince of Wales, &c.

Third American Edition, Enlarged and Revised by the Author.

*In one very handsome octavo vol. of 382 pp.; extra cloth, \$3.*

We have been betrayed by the great importance of the subject of which this volume treats, and by the excellence of the work, into a longer notice of it than our space will perhaps justify, and we close by again commending the work to our readers.—*Mich. Univ. Med. Journal*, Dec. 1870.

It is not often that we can say of a medical treatise that it is as interesting as a novel. We may say this of Dr. Chambers' work without any

disparagement of its matter. It is a book which may be taken up with pleasure when heavier reading would prove tiresome.—*Amer. Journal Med. Sci.*, July, 1870.

A want of space prevents a more extended notice of this valuable work. It contains an immense fund of information that will be useful to the general practitioner.—*Richmond and Louisville Med. and Surg. Journ.*, Sept. 1870.

PAVY ON DIGESTION—Just Issued.

### A TREATISE ON THE FUNCTION OF DIGESTION:

#### ITS DISORDERS AND THEIR TREATMENT.

By F. W. PAVY, M.D., F.R.S.,

Senior Assistant Physician to, and Lecturer on Physiology at, Guy's Hospital, &c.

From the Second London Edition.

*In one very handsome octavo vol. of about 250 pp.; extra cloth, \$2.*

It is a model of its kind. The author has a happy faculty of entertaining as well as instructing his reader, combining, so to speak, pleasure with profit. Accustomed as a teacher to present salient points, he succeeds admirably in outlining his subject.—*N. Y. Med. Record*, Sept. 1, 1869.

The work is well worthy careful perusal, and should be in the library of every practitioner.—*St. Louis Med. Archives*, Sept. 1869.

In the field thus defined Dr. Pavy has given us the most satisfactory essay yet published.—*N. Y. Med. Gazette*, Aug. 28, 1869.

SWAYNE'S OBSTETRIC APHORISMS.

### OBSTETRIC APHORISMS: FOR THE USE OF STUDENTS COMMENCING

MIDWIFERY PRACTICE. By JOSEPH GRIFFITHS SWAYNE, M.D., Physician Accoucheur to the British General Hospital. From the Fourth and Revised London Edition.

With Additions by E. R. HUTCHINS, M.D. With Illustrations. In one neat vol. small 12mo.: extra cloth, \$1 25.

This little volume we feel at liberty to commend heartily, despite its belonging to the class of "remembrancers," to which in general we confess a decided aversion. The young obstetrician will sometimes meet with cases demanding prompt action, but severely taxing his memory of former reading; and while life may depend upon his intelligent intervention, he has no opportunity to consult standard treatises for the best mode of

treatment. It is to aid him in such a dilemma that the book before us has its chief purpose, and while it does not pretend to take the place of larger works, it contains in as few words as possible, practical directions as to the course to be adopted in almost every emergency. The book is one which we would counsel every clinical student or junior practitioner to possess himself of.—*N. Y. Medical Gazette*, Nov. 18, 1870.

HENRY C. LEA, Philadelphia.